

Volunteer Enrollment Form

Your information will be held strictly confidential.

Please Print

RSVP

Erie County Dept. Senior Services
95 Franklin Street, Buffalo, NY 14202

PERSONAL INFORMATION:

Name: _____
(Mr./Mrs./Ms./Miss.) (First) (MI) Last)

Address: _____ City: _____ Zip: _____

Home phone: (____) _____ Cell phone: (____) _____

Date of birth: ____/____/____ Email: _____

Ethnic Group (Optional –for statistical analysis only)

__African American __Caucasian __Hispanic __Asian/Pacific Islander __Native American __Other

Do you have any physical/medical limitations? __ Yes __No

If “Yes”, please explain: _____

Are you a United States Veteran? __ Yes __ No

EXPERIENCE:

Are you retired? __ Yes __No Previous/current occupation: _____

Previous/current employer: _____

How did you hear about RSVP? _____

Are you currently volunteering? __ Yes __No

If “Yes”, where? _____

Briefly explain your volunteer duties: _____

Are you interested in additional volunteer assignments? __Yes __ No

I am interested in volunteering at a specific organization: _____

(Name of organization)

I prefer volunteering in a certain area(s) e.g.: Depew _____

When are you available to volunteer?	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Mornings	_____	_____	_____	_____	_____	_____	_____
Afternoons	_____	_____	_____	_____	_____	_____	_____
Evenings	_____	_____	_____	_____	_____	_____	_____

TRANSPORTATION INFORMATION:

Will you be driving to your volunteer assignment? ☐ Yes ☐ No If "Yes", please complete:

Will you be requesting mileage reimbursement? ☐ Yes ☐ No

Please note your SSN will be **REQUIRED** to receive any travel reimbursement from Erie County RSVP.

NOTE: The information below is **required** in order for you to receive mileage reimbursement **and** to be covered under the supplemental automobile insurance policy provided by RSVP. (IRS guidelines may allow you to deduct volunteer mileage when itemizing taxes.)

Drivers License ID # (9 Digits) _____ State: _____ Expiration date: _____

Name of Insurance Company: _____ Policy number: _____

Please provide us with a copy of your drivers license & insurance card.

BENEFICIARY INFORMATION:

Please designate a beneficiary for the supplemental accident insurance provided by RSVP. If you do not wish to designate or do not have a beneficiary, you may write: *"To the estate of (your name)."*

Name: _____ Relationship: _____

Address: _____ Phone: _____

EMERGENCY INFORMATION:

Name: _____ Relationship: _____

Address: _____ Phone: _____

PHOTO RELEASE:

I, _____, DO/ DO NOT (CIRCLE ONE) grant RSVP/Erie County Department of Senior Services permission to interview me and/or take my picture for the purpose of promoting the department services and advocacy for older adults.

ACKNOWLEDGEMENT & CONSENT:

Have you ever been convicted of a felony? ☐ Yes ☐ No Child sexual abuse? ☐ Yes ☐ No

If "yes", please explain: _____

- I agree to undergo a National Service Criminal History Check, including the National Sex Offender Registry Database. Volunteer Stations may require an additional background check. I understand that I may be disqualified for the following: murder conviction, registered on the Sex Offender Registry, refusal to undergo the National Service Criminal History Check & any false statement about my criminal history.
- I agree that if I use my personal vehicle to travel to and from my volunteer assignment and/or to carry out my volunteer work, I will maintain a valid driver's license and auto insurance.
- I understand that information on this form is completely confidential.

My signature is my consent to these statements

X _____
Volunteer Signature Date

X _____
RSVP Director Signature Date

FOR OFFICE USE ONLY

Orientation Date:	Copy of Insurance Received:
NSORD Check Date:	Copy of License Received:

ERIE COUNTY RSVP SKILLS & INTEREST FORM

Name: _____

Date: _____

*Please print clearly

Please indicate with an X those skills/talents/strengths you wish to share through volunteering!

Skill Set	Basic	Moderate	Advanced
Accounting/ Auditing			
Administration			
Arts/Crafts			
Board member			
Bilingual			
Bookkeeping			
Business			
Caregiving			
Computer:			
Construction			
Cooking			
Counseling			
Data entry			
Data analysis			
Driving			
Event planning			
Farming			
Financial			
Fitness			
Fundraising			
Gardening			
Grant writing			
Graphic arts			
Greeting / hospitality			
Handyman work			
Knitting			
Legal			
Library			
Medical/ nursing			
Music			
Office/ filing			
Phone work			
Photography			
Physical labor			
Public relations			
Public speaking			
Research			
Recruitment			
Sales			
Scheduling			

Skill Set Cont.	Basic	Moderate	Advanced
Sewing			
Sign language			
Social work			
Stocking shelves			
Supervision			
Teaching			
Training			
Web design			
Woodworking			
Work outdoors			
Work with animals			
Work with children			
Work with disabled			
Work with teens			
Work with elderly			
Writing/editing			
Other:			
Other:			

Please indicate which areas are of interest to you by marking an 'X' in the box next to it. Please mark all that apply:

Areas of Interest	
Aging	
Arts & Culture	
Clerical Assistance	
Computer/Technology Assistance	
Customer Service/Hospitality	
Disabilities	
Education & Mentoring	
Environment & Nature	
Health Care	
Hunger & Poverty	
Transportation	
One-Day Events/Projects	
Other:	
Other:	

Please describe any additional skills &/or talents you would like to share:
